No. <b>W 59999</b>		Due no later than Mar 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  KAMP AMDG, LLC JOHN KAMPRATH 1698 N WILLAMETTE DRIVE POST FALLS ID 83854		JOHN KAMPRATH  1698 N WILLAMETTE DR  POST FALLS ID 83854  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KAMP AMDG, LLC JOHN KAMPRATH 1698 N WILLAMET						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	r Names and Addresses of	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER BARBAF	A KAMPRATH RADTKE	2099 LOST DAUPHIN RD	DEPERE	WI	USA	54115	
5. Organized Under the Laws of: 6. Annual Report must be signed.*		st be signed.*					
ID	Signature: John Ka	Signature: John Kamprath		Date: 01/28/2014			
W 59999	Name (type or prin	Name (type or print): John Kamprath		Title: Registered Agent			
Processed 01/28/2014	* Electronically provide	* Electronically provided signatures are accepted as original signatures.					